

## TREE REMOVAL PERMIT APPLICATION

(Protected Trees to be Removed)

| (Office Use Only)   |   |
|---|---|
| Inspector's initials: Date: Pass Fai  | l Comments:   |
| Reviewer's initials: Date: Approved Del   |   |
|   |   |
| Applicant Information   |   |
| Applicant Name:   | Company Name:   |
| Phone #: Fax#: Ci   | Email:  |
| Address:Ci  | ty: State: Zip:   |
| Owner's information (if different than applicant)   |   |
| Name:Ci   | Phone: Fax:   |
| Address:C   | .ty:State:Zip:  |
| Project Information   |   |
| Project Name:   | Unit: Plat:   |
| Project Address/Location:lots   | Outside City Limits:YesNo                                       |
| Project Type: ☐ Residential #lots ☐ Non-F   | Residential #acres Public Funds:YesNo                           |
| Class of Work: $\Box$ Site Work $\Box$ Platting $\Box$  |   |
| Parcel Number: (www.medinacad.org)  |   |
|   |   |
| Please mark the appropriate box for review (ONLY  | MARK ONE BOX):  |
|   |   |
| 1. Site has no Protected Trees (Significant Trees, Heritage Trees, Floodplain Trees, or Legacy  |   |
| Trees) as defined in the City Code, Chapter 99; OR this work will in no way cause damage to or the destruction of said trees ( <b>Tree Affidavit Required</b> ); or   |   |
| the destruction of said nees (Tree Amazvit Required), of  |   |
| 2. Site has Protected Trees, and this work will require removal or damage to a certain number of said   |   |
| trees; Tree Removal Permit is required by City Code, Chapter 99 prior to removal of any   |   |
| Protected Trees. Application must include a Tree Survey with chart and map and a Tree   |   |
| Mitigation Plan.  |   |
| C   |   |
| Certifi   | cation  |
| I,(age  | nt/owner), certify that I am aware of Chapter 99 of the City of |
| Castroville's Code of Ordinances and all related regulations  |   |
| requirements including any additional fees determined to be owe   | d to complete this permit.                                      |
| State of Texas )  |   |
| )   |   |
| County of Medina )  | Signature   |
| Before me, the undersigned authority on this day personally appe  | eared known to me to be the                                     |
| Before me, the undersigned authority on this day personally appeared known to me to be the person whose name is signed to the foregoing affidavit and sworn by me, state under oath that all of the facts therein set forth are |   |
| true and correct.   |   |
| Surram to hefere we thin the S  |   |
| Sworn to before me, thisday of, 20  | Notary Public in and for the State of Texas                     |